FORM D

1391206

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

3/35-00/6	\
07044739	
DATE RECEIVED	

OMB APPROVAL

	UNITORNI LIMITED OFFERING EXEM	
Name of Offering (☐ check if this is 1861 Capital Cal Redwood Fund LP	an amendment and name has changed, and indicate change.)	RECEIVED
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Secti	on 4(6) ULOE FELL \ \ \ \ / J() / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	A. BASIC IDENTIFICATION DATA	A A
1. Enter the information requested about	the issuer.	
	an amendment and name has changed, and indicate change.)	101/9
1861 Capital Cal Redwood Fund LP)	
Address of Executive Offices 630 Fifth Avenue, 27th Floor, New	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 212-332-1861
Address of Description Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	(Number and Street, City, State, Exp Code)	Telephone Humber (mercaning med edec)
(if different from Executive Offices)		
Brief Description of Business		
Investment Fund		MACAPOREN
Type of Business Organization		other (preases pecify) ESSED
☐ corporation	☑ limited partnership, already formed	other (please specify).
☐ business trust	☐ limited partnership, to be formed	
	Month Year	FEB 2 7 2007
Actual or Estimated Date of Incorporation	n or Organization: January 16, 2007 🗵 Actua	
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S. Postal Service abbreviation for Sta	te:
	CN for Canada; FN for other foreign jurisdiction)	DE THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Director ☐ Beneficial Owner ☐ Executive Officer ■ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) 1861 Capital Partners California, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 27th Floor, New York, New York 10111 ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Evan Lamp Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 27th Floor, New York, New York 10111 ☐ Executive Officer ☐ Director ☑ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) John J. Lee Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 27th Floor, New York, New York 10111 ☐ Executive Officer ☐ Director ☑ General and/or ☐ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Jed McCarthy Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 27th Floor, New York, New York 10111 ☐ Executive Officer □ Director ☐ General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer □ Director ☐ General and/or ☐ Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

_					B. IN	FORMA	TION AF	BOUT OF	FERING	}				
1.	Has the issuer	sold, or d	oes the iss	uer intend	to sell, to r	on-accred	ited investo	ors in this c	offering?				Yes	No X
				Answer	also in Ap	pendix, Co	olumn 2, if	filing unde	r ULOE.					
2.	What is the minimum investment that will be accepted from any individual?											\$100,00		
3.											Yes	No		
4.	Enter the info similar remun an associated broker or dea the information	rmation re leration for person or ler. If mor on for that	quested for r solicitation agent of a le than five broker or co	r each pers on of purch broker or d (5) person dealer only	on who ha asers in co lealer regis as to be list	s been or vonection watered with	will be paid with sales of the SEC an	l or given, of f securities nd/or with	directly or in the offe a state or s	indirectly, ring. If a tates, list t	any commi person to be he name of	e listed is the	X	
Ful	l Name (Last na	ame first, i	f individua	1)										
Bu	siness or Reside	ence Addre	ss (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Na	me of Associate	ed Broker (or Dealer				· · · · ·					_		
Sta	tes in Which Pe					licit Purch	asers							
	·			individual							All State		E(D)	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD] _	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	II Name (Last n	ame first, i	f individua	ıl)										
Bu	siness or Reside	ence Addre	ss (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Na	me of Associate	ed Broker o	or Dealer	1*	. <u>.</u>									
Sta	ites in Which Pe					licit Purch	asers							
	•			individual							All States	fran	nn)	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] _[TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	ll Name (Last n	ame first, i	f individua	ıl)										
Bu	siness or Reside	ence Addre	ss (Numbe	er and Stre	et, City, St	ate, Zip Co	ode)							
Na	me of Associate	ed Broker (or Dealer											
Sta	ites in Which Pe								····					
	(Check									🛚	All States			
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR] _	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt..... Preferred Common Convertible Securities (including warrants) Partnership Interests \$1,000,000 \$ 50,000,000 Other (Specify) LLC Interests..... Total \$1,000,000 \$ 50,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors Of Purchases \$ 1,000,000 Accredited Investors Non-accredited Investors.... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securites in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information

an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$0
Printing and Engraving Costs		\$0
Legal Fees	\boxtimes	\$ <u>10,000</u>
Accounting Fees		\$0
Engineering Fees		\$0
Sales Commissions (specify finders' fees separately)		\$ <u> 0 </u>
Other Expenses (identify)		\$0
Total	\boxtimes	\$10,000

may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish

C. OFFERING PRICE, NU	IMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS
and total expenses furnished in response to I	ate offering price given in response to Part C – Questic Part C – Question 4.a. This difference is the "adjusted gr	ross
each of the purposes shown. If the amount for	ross proceeds to the issuer used or proposed to be used or any purpose is not known, furnish an estimate and chotal of the payments listed must equal the adjusted grant C – Question 4.b above.	ross
		Payments to Officers, Directors, & Payments To Affiliates Others
		□\$ <u>0</u> □\$ <u>0</u>
		<u> </u>
	machinery and equipment	
	facilities	□\$ <u>0</u> □\$ <u>0</u>
be used in exchange for the assets or securities	ralue of securities involved in this offering that may es of another	□\$ <u>0</u> □\$ <u>0</u>
		<u> </u>
Working capital		<u> </u>
Other (specify): <u>Investments Assets</u>		□\$ <u>></u> □\$ 0 49,990,000
Column Totals		49,990,000 □\$ <u>*********</u> □\$ <u>0</u>
Total Payments Listed (column totals ac	ided)	5 <u>277800,000</u>
	D. FEDERAL SIGNATURE	49,990,000
following signature constitutes an undertakin	signed by the undersigned duly authorized person g by the issuer to furnish to the U.S. Securities and ssuer to any non-accordated investor pursuant to pa	d Exchange Commission, upon written request
Issuer (Print or Type)	Signature ////	Date
1861 Capital Cal Redwood Fund LP		February 13, 2007
Name of Signer (Print or Type)	Title of Signer (Print of Type) John J. Lee	
	Managing Membe	r of
	1861 Capital Parti California LLC	ters

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNAT	URE			
1.	Is any party described in 17 CFR 230.262 provisions of such rule?	2, presently subject to any of the dis	equalification		No ⊠	
		See Appendix, Column 5, for sta	ate response.			
2.	The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as req		or of any state in which this notice is filed	d, a notice on	Form	
3.	The undersigned issuer hereby undertake to offerees.	s to furnish to the state administrate	ors, upon written request, information fur	nished by the i	issuer	
4.	The undersigned issuer represents that the Limited Offering Exemption (ULOE) of this exemption has the burden of establishments.	the state in which this notice is file	d and understands that the issuer claiming		ity of	
	e issuer has read this notification and know dersigned duly authorized person.	rs the contents to be true and has du	ly caused this notice to be signed on its b	ehalf by the		
Iss	uer (Print or Type)	Signature	Date			
	1861 Capital Cal Redwood Fund LP		February 13, 2007	February 13, 2007		
Na	me (Print or Type)	Title (Print or Type) John J.	Lee			
		Managing M 1861 Capital California	ember of Partners			

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	· -			APPEN	DIX		- , ·				
1	Intend t non-acc investors (Part B-	o sell to	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK							ļ				
AZ											
AR											
CA							ļ				
СО											
CT				· <u></u>				1 · · · ·			
DE											
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FL									.,,		
GA					_						
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ME		,									
MD							<u> </u>				
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MI		 -	<u></u>			 					
MN	 	 					-				
MS	 	 			1	· · · · · · · · · · · · · · · · · · ·					
MO	 										

1	2	2 3 4						5 Disqualification		
	Intend to non-acc investors (Part B-	redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	a	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV										
NH				-						
NJ		х	\$5,000,000 Partnership Interests	l	\$750,000					
NM							.,,			
NY		х	\$5,000,000 Partnership Interests	1	\$200,000					
NC										
ND										
ОН		<u> </u>							<u> </u>	
ОК									h 	
OR						ļ			 	
PA									 	
RI										
SC										
SD									ļ <u>.</u>	
TN								ļ		
TX								ļ		
UT										
VT										
VA									ļ	
WA										
WV										
WI										
WY										
PR	*****									